

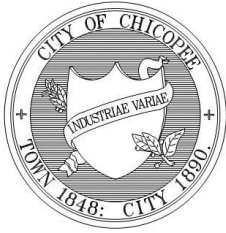
Date Received \_\_\_\_\_

Check # \_\_\_\_\_

**FEE: 20.00**

Permit # \_\_\_\_\_

ABOVE FOR OFFICE USE ONLY

**CITY OF CHICOPEE BOARD OF HEALTH  
APPLICATION FOR WELL CONSTRUCTION**Chicopee Health Department  
115 Baskin Drive  
Chicopee, MA 01020  
(413) 594-1660

Well Driller's Name: \_\_\_\_\_

State Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**NOTE: Please attach a current copy of Well Driller's current registration with this application.**

Property Owner's Name: \_\_\_\_\_

Location of Proposed Well: \_\_\_\_\_ Lot Number: \_\_\_\_\_

**This application is for:** ☐ New Construction ☐ Existing Structure**Instructions for Well Construction**

1. Attach, as part of this application, a copy of a scale plan (1" = 40') of the property to be served by the well.  
Show all existing and proposed structures, surface water drains, foundation drains, sewage disposal systems, potential sources of pollution and all surface water bodies (ponds, streams, brooks) within a 100 foot radius of the proposed well site.
2. Upon completion of the well, submit a copy of the completed State Water Well Completion Report to the Health Department, along with a copy of the results of the water quality analysis as described in the Chicopee Board of Health. Private Well Regulations.
3. Well construction, water analysis and reporting of results must conform to the Chicopee Board of Health Private Well Regulations.

I agree to install the above described well in accordance with the Rules and Regulations of the Chicopee Board of Health and applicable state laws and regulations. I declare that the information provided in this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
SOCIAL SECURITY OR FEDERAL ID NUMBER\_\_\_\_\_  
SIGNATURE OF APPLICANT**CHECK OR MONEY ORDER ONLY****MAKE PAYABLE TO: THE CITY OF CHICOPEE****NO REFUNDS**